



SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY
APPLICATION FOR EMPLOYMENT

Human Resources Department
10005 East Osborn Road
Scottsdale, Arizona 85256
Phone: 480.850.8096 Fax: 480.850.8126
www.srpmicjobs.com

DATE _____

POSITION APPLYING FOR _____ DEPARTMENT _____

RATE OF PAY EXPECTED _____ DATE YOU CAN START _____

PERSONAL INFORMATION

NAME _____ SOCIAL SECURITY NUMBER _____
Last First Middle

PRESENT ADDRESS _____
Street City State Zip

MAILING ADDRESS _____
Street City State Zip

PHONE NUMBER () _____ MESSAGE NUMBER () _____

IF NATIVE AMERICAN, TRIBAL AFFILIATION _____ TRIBAL ENROLLMENT NO. _____

ARE YOU 18 YEARS OR OLDER Yes ☐ No ☐ E-MAIL
ADDRESS _____

CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE US? Yes ☐ No ☐

DO YOU HAVE A VALID AZ DRIVER'S LICENSE? Yes ☐ No ☐ Please specify _____
License No. Type Exp. Date

HAVE YOU EVER BEEN EMPLOYED BY SRPMIC, ITS SUBSIDIARIES OR ITS PRIVATE ENTERPRISES? Yes ☐ No ☐

If Yes, When _____ Where _____
Start Date End Date Department

LIST ANY RELATIVES EMPLOYED BY SRPMIC _____

EDUCATION (Please Do Not Use "See Resume")

SCHOOL LEVEL	NAME & LOCATION OF SCHOOL	GRADUATED	CERTIFICATE/ DIPLOMA	MAJOR/ DEGREE	GRADUATION YEAR
HIGH SCHOOL/G.E.D.		Yes <input type="checkbox"/> No <input type="checkbox"/>			
TRADE/ BUSINESS SCHOOL		Yes <input type="checkbox"/> No <input type="checkbox"/>			
COLLEGE		Yes <input type="checkbox"/> No <input type="checkbox"/>			
GRADUATE SCHOOL		Yes <input type="checkbox"/> No <input type="checkbox"/>			

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

SPECIAL TRAINING OR SKILLS (To include GED, civilian schools, military academies, etc. - complete with dates. Include typing speed, knowledge of computers and software, etc. - please list.) _____

WHAT LANGUAGES OTHER THAN ENGLISH ARE YOU FLUENT IN _____

_____ Speaking

_____ Reading

_____ Writing

OTHER

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR?

YES ☐ NO ☐

HAVE YOU EVER BEEN CONVICTED OF A FELONY?

YES ☐ NO ☐

HAVE YOU EVER BEEN CONVICTED OF ANY TYPE OF THEFT OR FRAUD?

YES ☐

NO ☐

If Yes, identify the crime for which you were convicted, the dates of the conviction and the location of the court in which you were convicted. Please provide any details you feel are relevant. Conviction of a crime will not automatically disqualify you from consideration for employment, but will be considered as part of an overall evaluation of your qualifications. However, failure to list any convictions may be considered as falsifying your application.

MILITARY SERVICE RECORD

HAVE YOU EVER SERVED IN THE US ARMED FORCES? Yes ☐ No ☐

Date Entered _____ Date Separated _____

Branch of Service _____ Serial Number _____

Selective Service Number _____ Selective Service Class _____

DID YOU RECEIVE AN HONORABLE DISCHARGE? Yes ☐ No ☐

If No, please explain the circumstances _____

ARE YOU A MEMBER OF A US RESERVE OR NATIONAL GUARD? Yes ☐ No ☐

⇒COMPLETE ALL INFORMATION; DO NOT USE "SEE RESUME".
ATTACH ADDITIONAL SHEET IF NEEDED.⇐

EMPLOYMENT HISTORY: (Start With The Most Recent Job And Work Back)

ARE YOU EMPLOYED NOW? Yes ☐ No ☐ If Yes, may we contact your employer? Yes ☐ No ☐

JOB TITLE _____ Starting Salary _____ Ending Salary _____
EMPLOYER _____
Name Street City State Zip
HIRE DATE _____ SEPARATION DATE _____
Telephone Number _____ Number of employees supervised _____
Supervisor's Name _____ Title _____
Describe Duties Performed _____

REASON FOR LEAVING _____

JOB TITLE _____ Starting Salary _____ Ending Salary _____
EMPLOYER _____
Name Street City State Zip
HIRE DATE _____ SEPARATION DATE _____
Telephone Number _____ Number of employees supervised _____
Supervisor's Name _____ Title _____
Describe Duties Performed _____

REASON FOR LEAVING _____

JOB TITLE _____ Starting Salary _____ Ending Salary _____
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Name Street City State Zip
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JOB TITLE _____ Starting Salary _____ Ending Salary _____
EMPLOYER _____
Name Street City State Zip
HIRE DATE _____ SEPARATION DATE _____
Telephone Number _____ Number of employees supervised _____
Supervisor's Name _____ Title _____
Describe Duties Performed _____

REASON FOR LEAVING _____

REFERENCES: List three persons not related to you, whom you have known at least three years

NAME	ADDRESS	PHONE NO.	OCCUPATION	YEARS KNOWN
1.				
2.				
3.				

HOW DID YOU HEAR ABOUT THE JOB VACANCY? ☐ Employment Agency ☐ Newspaper Ad ☐ Tribal Employee
☐ State Employment Office ☐ College Placement Service ☐ Walked In ☐ Friend ☐ Job Hotline ☐ Web Site ☐ Other _____

ATTACHMENTS REQUIRED

DOCUMENTS TO BE ATTACHED. NOT ALL DOCUMENTS APPLY TO ALL POSITIONS. PLEASE NOTE THE NECESSARY DOCUMENTS LISTED IN THE POSITION ANNOUNCEMENT

1. CERTIFICATIONS (*Any Educational Degrees, Diplomas, Transcripts, Training Certificates, Etc.*)
2. MILITARY I.D. CARD (*If Applicable*)
3. COPY OF DRIVER'S LICENSE AND DRIVING RECORD (Available through State Department of Transportation, Motor Vehicle Division)
4. ANY OTHER DOCUMENTATION AS SPECIFICALLY REQUIRED BY JOB RECRUITMENT BULLETIN

CERTIFICATION AND AGREEMENT: (Read Carefully before signing)

I UNDERSTAND AND AGREE THAT:

1. Any misrepresentation or omission of facts in my application or any attachments to my application will result in refusal of employment or if employed, termination from employment.
2. It is my understanding that the SRPMIC will make a thorough investigation of my work, educational and personal history and may verify all data given in my application, related papers or oral interviews. I authorize such investigation and the giving and receiving of any information requested by SRPMIC, and I release from liability any person giving or receiving any such information. I understand that falsification will result in refusal of employment or, if employed, termination from employment.
3. I understand and agree that I will be required to take a pre-employment drug test at SRPMIC expense, in addition to random or for cause testing, during my employment to determine if I am alcohol or drug free for the job I am responsible to perform. Failure to submit to such testing will result in termination.
4. I authorize any physician, including my personal physician, to release any information to SRPMIC, which may be necessary to determine my ability to perform my assigned duties.
5. I agree to conform to all applicable rules, regulations, policies, and/or disciplinary procedures of SRPMIC and/or any department thereof. I understand that those rules, regulations, policies and/or disciplinary procedures are not intended by SRPMIC to create an obligation of continued employment.
6. I understand that this document is an application for employment and continued employment is not being offered. I hereby understand and agree that my employment, both during and after probationary period, is for an indefinite period, and that nothing in this application or any other SRPMIC document shall be deemed to create any contract of continued employment between me and SRPMIC. I understand that my employment can be terminated at any time pursuant to the SRPMIC policies and procedures. I understand that employment beyond any probationary period or employment for a number of years shall not result in my heightened expectation of continued employment. I understand and agree that any statements to the contrary, whether oral or written, are expressly disavowed and are not to be relied upon by me.

Applicant Signature

Date